



AF
E-Fox

TRANSMITTAL FORM

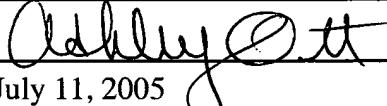
(to be used for all correspondence after initial filing)

		Application No.	09/960,545
		Filing Date	September 21, 2001
		First Named Inventor	Deep K. Buch
		Art Unit	2126
		Examiner Name	Opie, George L.
Total Number of Pages in This Submission	15	Attorney Docket Number	42390P11711

ENCLOSURES (check all that apply)

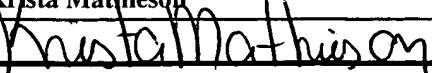
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<div style="border: 1px solid black; padding: 5px;">Please see Remarks Section</div>
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks - First Class and Facsimile Certificate of Mailing; - self addressed return receipt postcard; and - a floppy disk with the response saved on the floppy per the Examiner's request

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

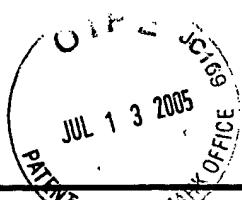
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	July 11, 2005	

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that on the date shown below this correspondence is being transmitted via facsimile to the USPTO and that this correspondence is being deposited with the USPS with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson	Date	July 11, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Application Number	09/960,545
Filing Date	September 21, 2001
First Named Inventor	Deep K. Buch
Examiner Name	Opie, George L.
Art Unit	2126
Attorney Docket No.	42390P11711

METHOD OF PAYMENT *(check all that apply)*

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	30	30*	0	50.00 = \$0.00
Independent Claims	6	6*	0	200.00 = \$0.00
Multiple Dependent				=

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\$)	0.00

***or number previously paid, if greater. For Reissues, see below.*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Description
ate filing fee or oath
e provisional filing fee or cover sheet.
specification
e reply within first month
e reply within second month
e reply within third month
e reply within fourth month
e reply within fifth month
al
e support of an appeal
al hearing
stitute a public use proceeding
e Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ision after final rejection (37 CFR § 1.
eal invention to be examined (37 CFR § 1.

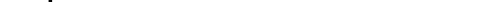
Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature				Date	07/11/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokolow, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Our Docket No.: 42390P11711

**RESPONSE UNDER 37 C.F.R. § 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2100**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Buch)
Application No.: 09/960,545) Examiner: Opie, George L.
Filed: September 21, 2001) Art Group: 2194
For: High Performance Synchronization of)
Accesses by Threads to Shared)
Resources)

RESPONSE AFTER FINAL

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on May 11, 2005, which was made final, applicant submits this Amendment After Final Action for consideration.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that on the date shown below this correspondence is being transmitted via facsimile to the USPTO and that this correspondence is being deposited with the USPS with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

July 11, 2005

Date of Deposit

Krista Mathieson

Name of Person Mailing Correspondence

Signature

Date

Docket No.: 42390P11711
Application No.: 09/960,545